

Capacity/Title: () wher

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2010 MAY -4 AM 11:55

SEURLTARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: **LindaS Enterprise** 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name 1718 Gibson Way, Meridian Idaho 83642 Linda S. Sirani 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 LindaS Enterprise (208) 334-2301 1718 Gibson Way Meridian Idaho 83642 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Printed Name: Lin